

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/525,726 – Conf. No. 3700
	Filing Date	November 25, 2005
	First Named Inventor	Heinz Von der Kammer
	Art Unit	1645
	Examiner Name	Not Yet Assigned
	Attorney Docket No.	37998-237386

Please change the Correspondence Address for the above-identified application to:

☒ The address associated with Customer Number: 26694

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone			Email

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
☐ Assignee of record of the entire interest.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☒ Attorney or agent of record. Registration Number 54,262
☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature	<i>Kavita B. Lepping</i>
Typed or Printed Name	Kavita B. Lepping
Date	January 30, 2007
Telephone	(202) 344-4000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

<input checked="" type="checkbox"/> *Total of 1 Form is/are submitted.
--